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AUTHOR	Parr, Susan
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ABSTRACT

This paper describes activities and achievements of a South Dakota project to improve the delivery of educational services to children with deaf-blindness and their families. Accomplishments are provided for specific objectives under the following goals: (1) children with deaf-blindness and their families will have enhanced skills and abilities that result in positive outcomes; (2) state and local educational agencies will improve results for children with deaf-blindness and their families through access to high quality education; (3) communities, including local service providers and agencies, will have enhanced skills and abilities to support children with deaf-blindness and their families; and (4) through regional and national collaboration, the states of Montana, Minnesota, Nebraska, North Dakota, Wyoming, and South Dakota will strengthen the local capacity of reservation and rural communities to meet the unique cultural and educational needs of children who are deaf-blind and their families. The paper also describes problems encountered such as a lack of early identification and special problems presented by the rural nature of the state. Implications for policy, practice, and research include a need for increased training in the critical issues of deaf-blindness, for re-examination of the categories used in Child Count information, and collaboration with newborn hearing screening programs. An appendix provides guidelines for assisting individuals with a hearing and/or vision loss. (DB)

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ED 459 577

FINAL REPORT

"Expanding the Circle"
Projects for Children and Young Adults Who Are Deaf-Blind
CFDA 84.326C

Awarded to:

South Dakota University Affiliated Program/Department of Pediatrics
(Now the Center for Disabilities)
School of Medicine, University of South Dakota
1400 West 22nd St.
Sioux falls, SD 57105

In partnership with

Office of Special Education
South Dakota Department of Education and Cultural Affairs
700 Governors Drive
Pierre, SD 57501

Award Period
October, 1999 – August, 2001
(Includes no-cost time extension)

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EC 308765

Executive Summary

The project was awarded to the South Dakota University Affiliated Program (now known as the Center for Disabilities) beginning in October of 1999. A Project Director was hired and began her duties in December of 1999. Due to the additional time necessary to transition the project to a new agency and new staff, the project was allowed a no-cost time extension for a period ending August 31, 2001.

The majority of the initial goals for the project have been met. An Advisory Committee has been established and is meeting regularly to provide input into the program. A Stakeholders Process was completed facilitated by staff from the National Technical Assistance Consortium (NTAC). This process delineated the needs for South Dakota and goals to meet those needs have been established. Activities to achieve these goals were initiated and are ongoing through the subsequent grant award. Collaboration with other states as part of the Great Plains Regional Alliance are continuing as is technical assistance to families, professionals, and allied personnel involved in the lives of South Dakota children who are deaf-blind.

Project Description

The goals of the project were:

1. Children with deaf-blindness and their families will have enhanced skills and abilities that result in positive outcomes for children and families.
2. State and Local educational agencies will improve results for children with deaf-blindness and their families through access to high quality education.
3. Communities, including local service providers and agencies, will have enhanced skills and abilities to support children with deaf-blindness and their families.
4. Through regional and national collaboration, the states of Montana, Minnesota, Nebraska, North Dakota, Wyoming and South Dakota will strengthen the local capacity of reservation and rural communities to meet the unique cultural and educational needs of children who are deaf-blind and their families.

Some modification and expansion to Goal #4 was made to accommodate the evolving nature of the Great Plains Regional Alliance, which is made up of the six states listed in the goal. Less emphasis has been placed on specific Native American issues and more placed on needs within the six states that span all cultural and geographic arenas.

Context

For several years prior to October of 1999, the deaf-blind project had been administered by an educational cooperative through an agreement with the SD Office of Special

Education. With the advent of the new grant cycle and an out of state move by previous project staff, the deaf-blind project was moved to the South Dakota University Affiliated Program within the Department of Pediatrics at the University of South Dakota School of Medicine (SDUAP). A new project director was hired in December of 1999 and new goals for the program established.

The move to the SDUAP (now known as the Center for Disabilities) has been advantageous for several reasons. The UAP has a statewide focus beyond of the natural scope of an educational cooperative. The extensive resources of the UAP and the medical school have contributed to the success of the program. These resources include easier access to the state's neonatal intensive care units for early identification, access to medical specialists within the University, such as geneticists and access to a large, active medical library for research into low-incidence and rare diseases. The UAP also houses the state's Autism and Related Disorders Program making collaboration between these programs seamless.

Goal Accomplishments

Goal 1. Children with deaf-blindness and their families will have enhanced skills and abilities that result in positive outcomes for children and their families.

Objective 1.1 The Deaf-Blind Census has been updated and maintained to provide the most accurate count possible of children within South Dakota who qualify for the program. This census is updated annually with the assistance of the State Office of Special Education and local school districts.

Targeted public awareness activities have occurred to increase understanding of which children might qualify for the program. These activities are designed to assist in early identification and have included: mailings to all state special education directors, correspondence to members of the State Association of Special Education Directors, development of program brochures for mailings and inclusion at pertinent workshops, visits and resource sharing with the state's two largest Neonatal Intensive Care Units, and development of "Newborn Cards" to give to parents.

Objective 1.2 The Deaf-Blind Project has utilized information from the Deaf-Blind Census to target specific school districts to determine their needs for technical assistance. Other needs assessments have been completed on every referral for assistance from the program. The specific needs of school personnel and family members for each referral is assessed individually and determination has been made by project staff as to the type and methodology most appropriate for each technical assistance situation. In some instances, individual TA for a specific school or family has been conducted while others have utilized statewide, regional and/or national training opportunities for staff and families supported by the Deaf-Blind Project.

Objective 1.3 The technical assistance provided by the project as described in Objective 1.2 have the common theme of developing the highest quality of intervention, education, and family life possible for a deaf-blind child. The latest research-based

methodologies have been gleaned from workshops sponsored by NTAC (the National Technical Assistance Consortium for Children and Young Adults who are Deaf-Blind) and from resources provided by DB-LINK (the National Information Clearinghouse on Children who are Deaf-Blind). Technical assistance has focused on a child's specific needs in the areas of communication, optimal environments, mobility and transition.

Objective 1.4 The Deaf-Blind Project has established an Advisory Committee, which meets semi-annually to provide input into the needs of the stakeholders within the state and to provide participation and feedback in project activities. The first meeting of the Committee was a daylong Stakeholders Meeting held in April of 2000 and facilitated by two staff members from NTAC. At its inception, the Committee included the parent of an adolescent who is deaf-blind and in April, 2001 added the parent of a pre-schooler who is deaf-blind. Through the Committee, other public awareness activities, and cross-referrals, the Deaf-Blind Project has collaborated with the South Dakota Parent Connection, the National Family Association for the Deaf-Blind, and the South Dakota Family Support Network. Beginning in May of 2001, the project also hired a part-time Family Consultant who is the mother of a deaf-blind son.

Goal 2. State and local educational agencies will improve results for children with deaf-blindness and their families through access to high quality education.

Objective 2.1 The Deaf-Blind Census has been updated and maintained utilizing the format required by the federal government. This census is updated at least annually through the cooperation of the State Office of Special Education and local school districts. It is also locally updated whenever new referrals are made throughout the year.

Objective 2.2 Needs assessment of school personnel, families and any auxiliary personnel has been completed on each referral for services. From the results, an individualized plan for services from the project is developed. In addition, through the stakeholders' process with NTAC, the statewide needs in the area of children who are deaf-blind have been identified and goals for each need developed. These needs continue to drive project activities.

Objective 2.3 Based on child-specific needs assessments and the needs identified through the Stakeholders process, technical assistance activities have been developed and conducted. Activities have included child-specific trainings for school, family and auxiliary personnel conducted by project staff, sponsorship of a statewide conference on deaf-blindness with emphasis on communication skill development, sponsorship of individuals working with deaf-blind children to attend regional and national workshops, and stipends for family members to attend national family conferences and a topical NTAC workshop. All of these technical assistance opportunities have utilized the latest, research-based information on deaf-blindness and have drawn from the expertise of project staff, national experts and in-state medical and educational expertise.

Objective 2.4 The Deaf-Blind Advisory Committee has been established and held its first meeting in April of 2000. The Committee meets on a semi-annual basis and

provides guidance, input and active participation in the activities of the project. Since its inception, the Committee has included representation from:

State Office of Special Education (Part C and B);
South Dakota School for the Deaf,
South Dakota School for the Blind & Visually Impaired,
adult services Deaf-Blind Specialist,
special education personnel preparation,
a neonatal intensive care unit,
community-based program for the deaf,
1-2 parents,
and an adult consumer who is deaf-blind.

Goal 3. Communities, including local service providers and agencies, will have enhanced skills an abilities to support children with deaf-blindness and their families.

Objective 3.1 The Deaf-Blind Census has been updated and maintained utilizing the format required by the federal government. This census is updated at least annually through the cooperation of the State Office of Special Education and local school districts, including Native American reservation schools. It is also locally updated whenever new referrals are made throughout the year.

Objective 3.2 Needs assessment of school personnel, families and any auxiliary personnel has been completed on each referral for services. From the results, an individualized plan for services from the project is developed. In addition, through the stakeholders' process with NTAC, the statewide needs in the area of children who are deaf-blind have been identified and goals for each need developed. These needs continue to drive project activities.

The Deaf-Blind project has participated in regularly scheduled developmental clinics on two of the state's Native American Reservations, Rosebud and Cheyenne River. In conjunction with audiological exams, the project provides functional vision screenings for at-risk children from birth to five years old.

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special education personnel preparation,
a neonatal intensive care unit,
community-based program for the deaf,
1-2 parents,
and an adult consumer who is deaf-blind.

Goal 4. Through regional and national collaboration, the states of Montana, Minnesota, Nebraska, North Dakota, Wyoming and South Dakota will strengthen the local capacity of reservation and rural communities to meet the unique cultural and educational needs of children who are deaf-blind and their families.

Objective 4.1 The Great Plains Regional Alliance, comprised of the six states listed in Goal #4 have collaborated by email, conference calls, and in person meetings during the annual Project Directors' Meeting to share ideas and resources pertinent to geographically large, rural states with Native American populations. The first collaborative training of the Alliance was held in Kalispell, MT in June of 2000. South Dakota participated in the planning and coordination of the workshop, contributed financially, and sponsored eight South Dakotans to attend, including three Master's level students from the LEND program (Leadership Education Excellence in Caring for Children with Neurodevelopmental and Related Disabilities) at the Center for Disabilities. The topic of the conference was Functional Vision and Hearing Assessments.

As the GPRA did not host a multi-state training in 2001, participants from Montana, Minnesota and Wyoming attended the Deaf-Blind Workshop sponsored by the South Dakota project in June of 2001 in Spearfish, SD. The topic of the workshop was "Communication Strategies".

Objective 4.2 A website for the Great Plains Regional Alliance has been created and is maintained by the South Dakota project (www.usd.edu/cd/gpra). The website provides information on the Alliance, lists training opportunities and has links to Alliance and other deaf-blind related websites.

The GPRA met in St. Paul, MN initially and has continued to collaborate via emails, conference calls and in person meetings at the annual Project Directors' Meeting. In addition to planning for future joint trainings, the GPRA states share ideas and resources to assist each other in providing services to deaf-blind children in large, rural states.

Problems Encountered

The greatest difficulty encountered by the program was a lack of recognition of deaf-blindness for early identification, lack of understanding of the services needed by children who are deaf-blind and an outdated census, especially in the critical Birth to Five arena.

Being a "new" program housed within a new agency with new staff allowed for a fresh start and opportunities to promote the program to targeted audiences, particularly the neonatal intensive care units. Being housed within an agency already established and known for its work in the area of developmental disabilities has afforded the Deaf-Blind project greater access to medical and educational arenas which has in turn increased the number of children identified and placed on the census.

Due to the rural nature of the state, no deaf-blind children are educated in the same setting and very few professionals or paraprofessionals have any specialized training in the unique needs of children who are deaf-blind. The vast majority of children identified as deaf-blind in South Dakota also have additional significant disabilities. In many cases, this has resulted in the hearing and vision loss being given low priority for intervention and education even while the child's, family's and professional's frustrations at lack of communication continues to escalate.

To address this problem, a variety of methods have been used. These have ranged from child-specific consultation and training to sponsorship of statewide training on the basics of deaf-blindness to attendance at regional and national conferences on pertinent topics. These training opportunities have been geared to families, educational professionals and paraprofessionals, and allied service personnel (OT, PT, SLP, etc).

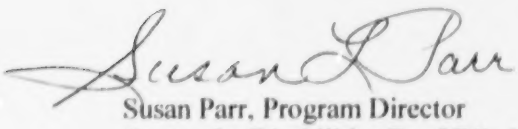
Implications for policy, practice, and research

A few policy and practice implications have come to light from this one-year project. Clearly within South Dakota, there is a need for increased training in the critical issues of deaf-blindness for educational professionals and paraprofessionals. Activities under the subsequent grant award are beginning to address these training needs at the inservice level. More work needs to be done to explore options for providing training at the pre-service level.

The categories used in the Child Count information continue to create dilemmas for developing an accurate Deaf-Blind Census. Very few of the children who qualify for the Census are actually coded as "Deaf-Blind" requiring additional work and investigation to determine qualified children. This is particularly problematic with children who are significantly multiply disabled while they are the very children who can most benefit by the communication aspects offered by the Deaf-Blind projects.

The Deaf-Blind Projects need to closely align with state agencies that are moving forward in the arena of universal hearing screenings for newborns. This will allow for earlier identification, especially for infants who are also at-risk for vision loss and may open new research avenues regarding infants at-risk for both losses and the impact of early intervention.

Respectfully submitted;



Susan Parr, Program Director
Center for Disabilities Deaf-Blind Program
USD School of Medicine

APPENDICES

CENTER FOR DISABILITIES
DEPARTMENT OF PEDIATRICS
SCHOOL OF MEDICINE
THE UNIVERSITY OF SOUTH DAKOTA

Sioux Falls Office
1400 W. 22nd Street
Sioux Falls, SD 57105-1570
(605) 357-1439

Vermillion Office
208 Julian Hall
414 E. Clark Street
Vermillion, SD 57069-2390
(605) 677-5311

800-658-3080 (V/TTY)
Website: www.usd.edu/cd

November 28, 2001

Rose Sayer
Grants and Contracts Services Team
400 Maryland Avenue
Mary E. Switzer Building, #3317
Washington, DC 20202

Dear Ms. Sayer:

Re: Expanding the Circle Project, #H326C990018A
Fiscal Report for Period: October 1, 1999 through August 31, 2001

	Budget	YTD	Balance
Salaries	$50,200.00	$50,200.00	$0.00
Stipends	$4,128.00	$3,929.78	$198.22
Benefits	$11,044.00	$11,044.00	$0.00
Travel	$9,000.00	$9,152.42	- $152.42
Contractual	$14,350.00	$14,382.97	- $32.97
Equip, Other & Supplies	$12,904.00	$12,916.83	- $12.83
Indirect	$7,778.00	$7,778.00	$0.00
TOTALS	$109,404.00	$109,404.00	$0.00

Approved carry-over , 10/01/00 – 08/31/01.

Thank you,

Michelle West-Nelson

Michelle West-Nelson,
Fiscal Officer

document/fiscal/00DEAFBLD.RPT

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

ASSISTING PERSONS WITH SPECIAL SENSORY NEEDS

Compiled by

Susan Parr, Program Director
South Dakota Deaf-Blind Program
University Affiliated Program
USD School of Medicine

March, 2000

Assisting a patient or family member who has a hearing and/or vision loss can present unique challenges. This resource guide is intended to furnish basic information to assist you in providing appropriate services.

Hearing Loss

Hearing loss can range from a mild loss that may only cause difficulties in noisy environments to profound deafness. Hearing loss is sometimes considered a hidden disability, as it might not be obvious by looking at the person that she doesn't hear well. If you aren't sure, some signs to look for include:

- → Presence of hearing aids in one or both ears
- → Lack of response when being called, especially from the side or behind
- → A need to see your face to understand you
- → Vague or inappropriate responses to questions
- → Inability to understand speech in dimly lit areas

If you have been told or suspect a mild to severe hearing loss, there are several simple things you can do to assist in communication. A few suggestions:

- → Get the person's attention before speaking. The most appropriate method is to get in her visual field or walk up to the person and lightly touch her on the upper arm or upper back.
- → Face the person directly while speaking.
- → Keep your hands away from your face while speaking.
- → Do not eat or chew gum while speaking.
- → Speak clearly in a natural tone of voice. Yelling doesn't help, as it tends to distort words.
- → Let the person know when you are changing the topic so the conversation is easier to follow.
- → Create an environment as quiet as possible, especially for hearing aid users as the aids can pick up and amplify background noise. Turn off radios, televisions, etc. If speaking in a hallway, step into an empty room if possible to avoid the noise and distraction of people, carts, etc.
- → Choose a well-lit area but do not stand directly in front of a light source, such as a window. This can create glare and make you and your face harder to see.
- → Repeat important information, such as appointment dates and times or medication instructions more than once.
- → Ask the person to repeat important information back to you to check for understanding. This should be practiced so that it is done in a natural and respectful way.
- → Use written information and instructions to augment verbal information.

Several of the suggestions listed above are used to help a person who is hard-of-hearing see your face and mouth better. For some people, this can greatly assist them in speech-

reading – using clues from facial expressions and lip and tongue movements to assist them in understanding speech. Unfortunately, this skill does not automatically develop with the advent of a hearing loss and many sounds of speech look identical on the lips. So do not assume that a person with a hearing loss can successfully speech-read.

If the person is profoundly deaf or has had a severe hearing loss since childhood, they may be sign language users rather than relying on spoken English. The most common sign language in the United States is American Sign Language (ASL). This is a language onto itself and not a visual representation of English. In fact, its grammar and syntax is more closely related to French. Assisting an ASL user requires a few additional unique aspects, including:

- → Use of an interpreter. Law requires using a certified sign language interpreter when needed or requested. This requires some pre-planning in order to have one available when needed. Interpreters can be hired individually (known as free-lancers) or through an interpreter referral service. Check to see if your agency or organization has a contract with a referral service. Except in emergencies or for very short conversations, family members should not be used as interpreters, even if the family member is a certified interpreter. Some suggestions when using an interpreter:
  - → Speak directly to the deaf person and not to the interpreter. Say "Will you come with me?" and not "Will you tell her to come with me?". Do not ask the interpreter questions and do not say anything in the presence of the interpreter that you do not want translated.
  - → Certified interpreters must follow a Code of Ethics that requires them to maintain strict confidentiality in all interpreting situations. They also should not interject into the conversation unless it is to clarify what was said or signed or to ask for communication to be repeated or slowed down.
  - → Because the interpreter is mentally translating English into ASL, which is a more conceptual language, she may not start signing as soon as you begin talking. She may be waiting for an entire concept to be expressed or to understand the situation enough to represent it visually. Therefore, there may be lag time between your spoken comments and understanding by the person who is deaf. Pausing from time to time to allow the communication to "catch up" is a good idea as well as pausing before changing the subject. It is also a good idea to get feedback from the deaf person periodically to gauge how well both of you are understanding each other.
  - → Interpreting, especially in emotional or medically complex situations, requires a great deal of concentration and can be both mentally and physically taxing. It is a good idea to take frequent breaks and if the interpreting is for a meeting, lecture, or class that will last more than an hour, two interpreters may be needed to trade off with each other.

A note of caution: Sometimes, for brief communication or when an interpreter is unavailable or deem unnecessary, people use note-writing back and forth as a communication substitute. This should be used cautiously. Since ASL is not based on English and has no written form of the language, people who are deaf must depend on

English for reading and writing even though it is essentially a foreign language for them. Do not assume that your note's meaning will be clear and be sure to respectfully check for understanding. We also have a tendency to view a person's written language skills as an indicator of intelligence. This can do a great disservice to a person who is deaf as even very intelligent deaf people can have difficulty writing English sentences.

Vision Loss

In many ways, vision loss is more complicated than hearing loss. The degree of vision loss can vary on a continuum from slight difficulties seeing clearly to total blindness. In addition to problems with acuity, persons can have difficulty with glare or have diminished visual fields. If you know or suspect an individual has a vision loss, there are several simple adjustments you can make to create a better environment and assist in communication.

- → Be aware of lighting. People with diminished vision (known as low vision) often need more light for reading and to see others' faces. And we all need more light as we grow older. Ideally, lighting should be to the side or behind the person with low vision so that the light spills over his shoulder. Try not to have the light source shining directly in his eyes and don't have the light source behind you when you are speaking with him. Be aware of shadows that may fall across your face. Shadows in the room or outside can also cause problems for an individual who has difficulty with depth perception.
- → An exception to the first suggestion may be assisting a person who has difficulty with glare. This problem is most evident outdoors on sunny or snowy days, but can also be problematic in bright rooms or rooms where there is one intense light source. Glare can be extremely painful for people who are sensitive to it. If you are working with someone who has problems with glare, try to insure that the lighting in the room is diffused or move into a room with dimmer lighting. Wrap-around sunglasses (also known as UV shields) can be quite useful, even inside.
- → Some individuals with low vision also have difficulty adjusting their eyes when moving from bright areas to dark and back. They will need more time to become accustomed to the room they are in. They may also need support during the transition, such as allowing them to stop until their eyes adjust or alerting them to obstacles, such as steps in a movie theater or auditorium.
- → If an individual has low vision, it may be appropriate to have important materials, forms, etc. in large print to ease the strain of reading. Some people also benefit from using magnifiers, but these should be fitted by a low vision specialist or optometrist trained in low vision as the intensity and uses for magnifiers vary. Be aware that additions such as fancy fonts, colored paper, and logos can make your materials harder to read.
- → Very few people who are blind actually have no vision at all. Even folks who utilize a white cane and/or a guide dog often have useful vision that can help them with many tasks, such as knowing when other people are in the room or where walls and doors are located.

- → If a person will be travelling in an unfamiliar area, it is appropriate to ask if she would like assistance. If assistance is requested or accepted, it is important to provide it correctly for the safety of both the guide and person who is visually impaired. A simple, safe technique known as "sighted guide" can ensure that safety. The person who is visually impaired holds onto the guide's elbow with her thumb on the outside of the elbow and her other four fingers between the elbow and body. It can be used on either arm of the guide. Once positioned correctly, the guide then walks a half step ahead and a little to the outside of the visually impaired person. In addition to the safety issue, this technique gives the person who is visually impaired the most control and dignity. It is easy to learn, but for maximum safety should be taught by someone knowledgeable in the technique. You can contact Service to the Blind & Visually Impaired at (605) 367-5322 or the SD University Affiliated Program's Deaf-Blind Program at (605) 357-1437 for free assistance in learning sighted guide.
- → If the person you are assisting has little or no vision, it is polite to let him know who else is in the room and when you or others leave or return.
- → If the person does not have sufficient vision to read large print, it is appropriate to provide important written information in Braille if they are a Braille reader. Some people will prefer to have you or a friend or relative read the information. If Braille is needed, Service to the Blind & Visually Impaired can provide you with resources for having written text put into Braille.
- → Sometimes people who are unfamiliar with blindness are uncomfortable when assisting a person who is blind or visually impaired. This is very normal! This discomfort can lead to a hyper-sensitivity to language, such as "I *see* what you mean" or "Do you want to *look* into that?". These phrases are a natural part of our language and are not offensive to the vast majority of people with vision loss. So relax and enjoy the conversation!

Vision and Hearing Loss

As you can see, having a hearing or vision loss can create challenges in daily life. These challenges are magnified when both losses are present, even in mild forms. Many of the adaptations used for vision loss involve the greater use of hearing and touch and almost all adaptations for hearing loss involve the use of sight.

Deaf-Blindness is the general category that covers a combination of a vision and hearing loss but can be a misleading term. Very few people who are deaf-blind have no usable vision or hearing. Most have some of one or both. That makes this a very heterogeneous group and each person must be viewed and assisted as a unique individual. Given that caution, here are a few general suggestions to assist a person who has both a hearing and vision loss.

- → When approaching a deaf-blind person, alert her to your presence with a gentle touch, preferably on the upper back or shoulder. Leave your hand there until she responds. Don't immediately grab her hands.
- → If at all possible, try to find out beforehand the individual's preferred mode of communication so you can be prepared, especially if an interpreter is needed. For a

deaf-blind person who uses sign language but has significant vision loss, it is necessary to use an interpreter who has knowledge and experience using the variety of techniques available in deaf-blind interpreting. The person may also use large print, Braille, hearing aids, assistive listening devices, speech or a combination of the above to communicate.

- → If they read large print, it is a good idea to have paper and a dark black marker handy to assist conversation. Black print on white paper is usually the easiest to read though some people who have problems with glare prefer off-white or yellow paper.
- → Utilize the sighted guide technique if the person requires or requests assistance getting around. The same technique can be used but with a deaf-blind person, it is important to stop and face each other or the interpreter when conversing. It is not safe to walk and talk at the same time.
- → It remains important to make the person aware of other people in the room or the area and it is particularly important to let them know when you or others leave.
- → Do not leave a person who is deaf-blind standing alone in an open area. This is very disconcerting and unbalancing. Guide him to a table, chair or wall and let him know when and if you will return.
- → If you plan on interacting with a person who is deaf-blind on a continuing basis, it is a good idea to develop a quick sign or indicator of who you are. This might be a ring or watch that you wear all the time or a formal name sign that the two of you agree on. Once established, you should use the signal each time you begin a conversation so that the deaf-blind person does not have to guess who you are.

This is by no means an exhaustive list for assisting people with sensory disabilities. But hopefully, it will allow you to relax and provide the appropriate level of service. If you have any questions or would like more specific or detailed training, please feel free to contact:

Susan Parr, Program Director
SD Deaf-Blind Program
SD University Affiliated Program
SD School of Medicine
(605) 357-1437
1-800-658-3080 (V/TTY)
sparr@usd.edu